

ATTACHMENT A

CCFC PUBLIC EDUCATION PROGRAM PROPOSAL COVER SHEET

Click
line to
type **DATE OF PROPOSAL:** _____

RFP NUMBER 1A – SACRAMENTO REGION

Please fill out the PROPOSAL COVER SHEET completely. PROPOSAL COVER SHEET forms must be typed or completed on computer via an online form (this document can be downloaded from www.ccfc.ca.gov/rfp.htm).

Note: If applying through a fiscal agent, please note that fiscal agent information is requested on page 2 whereas the information requested below is for the organization responsible for implementing the program.

ORGANIZATION IMPLEMENTING PROGRAM	
<hr/> <div>Organization Name</div>	
<hr/> <div>Year Established</div>	
<hr/> <div>Street Address</div>	
<hr/> <div>City, State and Zip Code</div>	
<div>(____) _____ Phone</div>	<div>(____) _____ Fax</div>
<hr/> <div>Web site address (if available)</div>	
EXECUTIVE DIRECTOR OR PRESIDENT:	PROJECT CONTACT:
<hr/> <div>Name</div>	<hr/> <div>Name</div>
<hr/> <div>Title</div>	<hr/> <div>Title</div>
<div>(____) _____ Phone</div>	<div>(____) _____ Phone</div>
<div>(____) _____ Fax</div>	<div>(____) _____ Fax</div>
<hr/> <div>E-mail address if available</div>	<hr/> <div>E-mail address if available</div>

FISCAL AGENT INFORMATION (only complete this section if using a fiscal agent other than the lead agency)

Click
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Organization Name

Street Address

City, State and Zip Code

()

Phone

()

Fax

Web site address (if available)

EXECUTIVE DIRECTOR OR PRESIDENT:

Name

Title

()

Phone

()

Fax

E-mail address if available

PROJECT CONTACT:

Name

Title

()

Phone

()

Fax

E-mail address if available

TYPE OF COMMUNITY-BASED ORGANIZATION (Check only one of the following by clicking on a selection):

Advocacy Group

Consortium/Coalition

Child Development Center

Children and Youth Services

Education

Faith-Based Organization

Family Services

Human Services Agency

Health/Mental Health Organization

Media/Publishing

Multi-Service Center

Public Policy Center

Vocational

Other: _____

TOTAL NUMBER OF PERSONS SERVED ANNUALLY - UNDUPLICATED (Estimated number): _____

TARGET POPULATION CURRENTLY SERVED ANNUALLY (Estimated Numbers):

Ethnicity

_____ African-American

_____ Asian and Pacific Islander American

(please specify ethnicity and languages):

_____ Central and South Americans

_____ Hispanic/Latino

_____ Native American

_____ Punjabi American

_____ Non-Latino Caucasian (Assyrian, Russian, Ukrainian)

_____ Other (please specify ethnicity and languages):

Socioeconomic, Health, Geographic or Other Factor

_____ Agricultural Workers

_____ Homeless Parents

_____ Parents with Limited or no English Proficiency

_____ Rural Residents

_____ Other (please specify):

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POPULATION PROPOSED TO BE SERVED BY CCFC PUBLIC EDUCATION PROJECT *(estimated numbers):*

Ethnicity

_____ African-American
_____ Asian and Pacific Islander American
(please specify ethnicity and languages):

_____ Central and South Americans
_____ Hispanic/Latino
_____ Native American
_____ Punjabi American
_____ Non-Latino Caucasian (Assyrian, Russian,
Ukrainian)

Socioeconomic, Health, Geographic or Other Factor

_____ Agricultural Workers
_____ Homeless Parents
_____ Parents with Limited or no English Proficiency
_____ Rural Residents

TAX STATUS *(check only one by clicking on a selection):*

501 (c)(1) -- governmental, tax-exempt
501 (c)(3) -- includes religious, educational,
charitable, literary
501 (c)(4) -- includes civic and social organizations,
employee associations
501 (c)(5) -- labor, agricultural

501 (c)(6) -- business associations, chambers of
commerce
501(c)(7) -- social and recreational clubs
501 (k) -- child care organizations
521 (a) -- farmers cooperative associations

Other non-profit equivalency: _____

AMOUNT REQUESTED FROM CCFC PUBLIC EDUCATION PROGRAM: \$ _____

ORGANIZATION'S 2001 YEAR OPERATING BUDGET: \$ _____

SACRAMENTO REGION/COUNTY(IES) PROPOSED TO BE SERVED BY PROJECT:

PROPOSED PROJECT SUMMARY *(please provide a one paragraph description):*

SUBMITTING YOUR PROPOSAL

PLEASE REMEMBER TO INCLUDE THE FOLLOWING ATTACHMENTS WITH YOUR PROPOSAL:

Proposal cover sheet (use form provided)
Proposed methods to reach target audience/relevance to organization's mission (one page)
Scope of work forms (use forms provided; no more than eight pages)
Organization's experience and effectiveness in conducting outreach (one page)
Organization's capacity/infrastructure for conducting outreach (half-page)
Project budget (use form provided)
Selected letters of support from other organizations, newspaper articles, flyers and other materials as examples of community outreach experience of work
Proof of tax-exempt status (IRS letter or equivalent)
Most recent IRS Form 990 or most current year financial statement (audited, if available)
List of board of directors and affiliations
Letters of commitment from partner agencies, consortium or coalition members (if applicable)

PLEASE SUBMIT ORIGINAL PLUS SIX COPIES OF YOUR PROPOSAL.

PROPOSAL AND ALL REQUIRED ATTACHMENTS MUST BE POSTMARKED OR DELIVERED NO LATER THAN:

5:00 P.M., FEBRUARY 15, 2002

NO FAX OR E-MAIL PROPOSALS WILL BE ACCEPTED.

MAIL, DELIVER OR OVERNIGHT PROPOSALS TO:

CCFC Public Education Program Contract Administrator
RFP #1A – Sacramento Region
c/o Rogers & Associates
1875 Century Park East, Suite 300
Los Angeles, CA 90067
(310) 552-6922 (for reference on overnight delivery slips only
no calls please)

BIDDERS CAN SUBMIT QUESTIONS RELATED TO THE RFP BY JANUARY 29, 2002:

<i>Mail</i>	CCFC Public Education Program Contract Administrator RFP #1A – Sacramento Region c/o Rogers & Associates 1875 Century Park East, Suite 300 Los Angeles, CA 90067
<i>E-Mail</i>	ccfccbogrants@rogersassoc.com
<i>Telephone</i>	(800) 335-5802
<i>Fax</i>	(310) 552-9052

RFP number and region must be included with all materials and information requests. Answers to these questions will be posted on the CCFC Web site at www.cafc.ca.gov/rfp.htm on **February 4, 2002 by 6:00 p.m.**

ATTACHMENT B

CCFC PUBLIC EDUCATION PROGRAM SCOPE OF WORK FORM

The contractor shall work toward achieving the following goals and objectives as stated in the following description of scope of work. Activities are to be completed within the 23-month timeline, as stated in the RFP, and are to be documented as specified. **Please print out and type or complete on computer via an online form (this document can be downloaded from www.ccfc.ca.gov/rfp.htm). Unless stated objectives differ, only one copy of page 1 needs to be submitted; a maximum of eight (8) SCOPE OF WORK forms outlining activities (page 2) may be submitted.**

GOALS:

Educate your target audiences about the importance of:

- Oral health for infants and toddlers
- Family safety
- Prenatal and perinatal care
- Early childhood development and the adverse effects of smoking, alcohol and drugs around babies and children.

OBJECTIVES *(Please describe the objective of your proposed outreach activity):*

TOPIC OR ISSUE FOCUS:

Check one or more of the following by clicking on selection:

Oral health for infants and toddlers
Family safety
Prenatal and perinatal care

In addition, all CBOs will deliver the following overarching CCFC advertising message:

- Early childhood development and the adverse effects of smoking, alcohol and drugs around babies and children.

AUDIENCE(S): Please specify one or more of the following target audiences by ethnicity and socioeconomic, health, geographical or other factor in the activities section below on page 2.

Ethnicity

_____ African-American
_____ Asian and Pacific Islander American
(please specify ethnicity and languages):

_____ Central and South Americans
_____ Hispanic/Latino
_____ Native American
_____ Punjabi American
_____ Non-Latino Caucasian (Assyrian, Russian, Ukrainian)

Socioeconomic, Health, Geographic or Other Factor

_____ Agricultural Workers
_____ Homeless Parents
_____ Parents with Limited or no English Proficiency
_____ Rural Residents

CCFC PUBLIC EDUCATION PROGRAM SCOPE OF WORK FORM

Unless stated objectives differ, only one copy of page 1 needs to be submitted; a maximum of eight (8) Scope of Work forms (this page) outlining activities may be submitted. Additional Scope of Work forms can be downloaded from www.ccfc.ca.gov/rfp.htm and submitted as needed.

Click
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type **ORGANIZATION NAME:** _____

ACTIVITIES: List only major activities such as group meetings, major festivals, conferences, events, canvassing, etc.

ACTIVITY	TARGET AUDIENCE/ # OF PEOPLE TO BE REACHED	TIMELINE	METHOD OF DOCUMENTING OUTCOME OF ACTIVITIES	STAFF

ATTACHMENT C

CCFC PUBLIC EDUCATION PROGRAM PROPOSED BUDGET FORM

NAME OF ORGANIZATION _____

Please fill out the PROPOSED BUDGET FORM completely. The PROPOSED BUDGET FORM must be printed out and typed on or completed on computer via an online form this document can be downloaded from www.cfc.ca.gov/rfp.htm. Non-personnel/program expenses include costs directly related to this project such as, but not limited to, consultants, supplies, printing, photocopies, postage, telephone, local travel, training expenses and indemnification insurance. Indirect expenses include overhead costs such as fiscal administration and rent or other office equipment depreciation. Total indirect costs, inclusive of lead agency and fiscal agent indirect costs, should not exceed 15%.

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I. PERSONNEL (LIST TITLE AND % TIME ON PROJECT)	DESCRIPTION (List salary range for position and role on project)	AMOUNT REQUESTED	AMOUNT FROM OTHER RESOURCES	TOTAL BUDGET
		\$	\$	\$
Personnel Subtotal		\$	\$	\$

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II. NON-PERSONNEL/ PROGRAM EXPENSES	ADDITIONAL DESCRIPTION (Explain how each of these expenditures will support activities)	AMOUNT REQUESTED	AMOUNT FROM OTHER RESOURCES	TOTAL BUDGET
		\$	\$	\$
Non-Personnel Subtotal		\$	\$	\$
III. INDIRECT EXPENSES	ADDITIONAL DESCRIPTION (Additional information as appropriate; indirect costs not to exceed 15% of total personnel budget excluding benefits)	AMOUNT REQUESTED	AMOUNT FROM OTHER RESOURCES	TOTAL BUDGET
		\$	\$	\$
Indirect Expenses Subtotal		\$	\$	\$
TOTAL PROPOSAL BUDGET		\$	\$	\$

ATTACHMENT D

CALIFORNIA COUNTIES BY CBO REGIONS

Region	Counties	RFP Release
Bay Area	Alameda, Contra Costa, Lake, Marin, Mendocino, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma	January 2002
Central Valley	Fresno, Kern, Kings, Madera, Mariposa, Merced, Tulare	March 2002
Gold Country	Amador, Calaveras, Nevada, Placer, Tuolumne	March 2002
Inland Empire	Riverside, San Bernardino	March 2002
Los Angeles	Los Angeles, Orange, Ventura	March 2002
Monterey-Salinas	Monterey, San Benito, Santa Barbara, Santa Cruz, San Luis Obispo	March 2002
North State	Butte, Del Norte, Glenn, Humboldt, Shasta, Siskiyou, Tehama, Trinity	March 2002
Sacramento	Colusa, El Dorado, Sacramento, San Joaquin, Stanislaus, Sutter, Yolo, Yuba	January 2002
San Diego	Imperial, San Diego	March 2002
Sierra East	Alpine, Inyo, Lassen, Modoc, Mono, Plumas, Sierra	March 2002

ATTACHMENT E

**CCFC PUBLIC EDUCATION PROGRAM
APPLICANT WORKSHOP - REGISTRATION FORM**

Sacramento Region Applicant Workshop

Date: Wednesday, January 23, 2002

Time: 9 a.m. to 11 a.m.

Venue: Sacramento Association of Realtors Auditorium
2003 Howe Avenue
(between Alta Arden and Wyda Way)
Sacramento, CA 95825
(916) 922-7711

Click
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to
type **ORGANIZATION NAME:** _____
ATTENDEE NAME(S): _____

AGENCY ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE:** (____) _____

E MAIL: _____ **FAX:** (____) _____

Please help us prepare informative sessions by sending us your questions and clarifications ahead of time so that we can respond to your needs. Questions:

1.
2.
3.

Please RSVP by 5pm Friday, January 18, 2002.

Print this page and submit via fax to (310) 552-9052.

Attention: CCFC Public Education Program Contract Administrator